



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Bureau for Public Health

Bill J. Crouch  
Cabinet Secretary

Office of Epidemiology & Prevention Services

Rahul Gupta, MD, MPH, MBA, FACP  
Commissioner  
State Health Officer

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Services ordered by Dr. Sandra Y. Elliott, MD for the above named patient performed at your facility will be paid by the West Virginia Division of Tuberculosis Elimination. All services should be billed at the current West Virginia Medicare/Medicaid reimbursement rate established by CMS.

To receive payment please submit a Health Insurance Claim Form 1500 (HICF1500) or UB form to:

West Virginia Division of Tuberculosis Elimination  
350 Capitol St. Room 125  
Charleston, WV 25301

Please note that no copies will be accepted, the original Health Insurance Claim Form (HICF 1500) or UB form must be submitted. For questions or issues, please contact (304) 558-3669.

Thank you for your cooperation,

Suzanne Wilson, MPH

Director, Division of Tuberculosis Elimination